PTO/SB/21 (08-00)

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THE TRADEMS

DEC 1 1 2002

Approved for use through 10/31/2002. OMB 0651-9031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

22

Total Number of Pages in This Submission

Application Number 08/805,813 **Filing Date** February 26, 1997 **First Named Inventor** Mitsuhara, Ichiro 1638 **Group Art Unit** TECH CENTER 600/2900 Anne Kubelik **Examiner Name** 085760-000000US Attorney Docket Number

December 5, 2002

Date

ENCLOSURES (check all that apply)									
Fee Transmittal F	orm	Assignment Pap		After Allowance Communication to Group					
Fee Attached	l	☐ Drawing(s)		Appeal Communication to Board of Appeals and Interferences					
Amendment / Rep	oly	Licensing-relate	d Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After Final		Petition		Proprietary Information					
Affidavits/declaration(s)		Petition to Convert to a Provisional Application		Status Letter					
		Power of Attorney, Revocation Change of Correspondence Address		Other Enclosure(s) (please identify below):					
Express Abandonment Request		☐ Terminal Disclaimer ☐ Request for Refund		Return Postcard; Fee Trans. Form SB/17 (1 pg., 2 copies); Amendment with request for extension of time in first paragraph (19					
Information Disclosure Statement		CD, Number of CD(s)		pgs.)					
Certified Copy of Priority Document(s)		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.						
Response to Miss			J						
	Missing Parts R 1.52 or 1.53								
	SIGNA	TURE OF APPLIC	ANT, ATTORNEY, O	R AGENT					
Firm	Townsend and Tov	wnsend and Crew Life							
and Peter Seperack		Reg. No		. 47,932					
Signature	TIW	Julian	_						
Date	December 5, 2002								
CERTIFICATE OF MAILING									
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 2023 1 on this date: December 5, 2002									
Typed or printed nam	e Lawanna J. B	Baird							

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SF 1412464 v1

Signature

December 5, 2002

Date

PTO/SB/17 (10-02)

Approved a set through 10/31/2002. OMB 0651-0032

Patent and Trademark On set U.S. DEPARTMENT OF COMMERCE

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	CO PER TO A LONGITY A	Complete if Known						
for FY 2003		Application Number	08/805,813					
		Filing Date	February 26, 1997	RECEIVED				
ı	Patent fees are subject to annual revision.	First Named Inventor	Mitsuhara, Ichiro	DEC 1 3 2002				
Ļ	Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Anne Kubelik					
		Group Art Unit	1638	TECH CENTER 1600/290				
1	TOTAL AMOUNT OF PAYMENT (\$) 920	Attorney Docket No.	085760-000000US					

(4)						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit Card MoneyOrder Other None	3. ADD	ITIONAL	FEES I			
Deposit Account:	Large	Entity	Small	Entity		
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051	65	Surcharge - late filing fee or oath	
	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account Townsend and Townsend and Crew LLP		130	1053	130	Non-English specification	
Name	1812	2,520	1812	2,520	For filing a request for reexamination	
The Commissioner is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting publication of SIR prior to	
Charge fee(s) indicated below Credit any overpayments	1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after	
Charge any additional fee(s) during the pendency of this application	1005	1,040	1000	1,040	Examiner action	
Charge fee(s) indicated below, except for the filing fee	1251	110	2251	55	Extension for reply within first month	
to the above-identified deposit account.	1252	400	2252	200	Extension for reply within second	
FEE CALCULATION					month	
1. BASIC FILING FEE	1253	920	2253	460	Extension for reply within third month	920
Large Entity Small Entity	1254	1,440	2254	720	Extension for reply within fourth month	
Fee Fee Fee Fee Description Code (\$) Gode (\$) Fee Paid	1255	1,960	2255	980	Extension for reply within fifth month	└
	1401	320	2401	160	Notice of Appeal	
1001 740 2001 370 Utility filing fee	1402	320	2402	160	Filing a brief in support of an appeal	
1002 330 2002 165 Design filing fee	1403	280	2403	140	Request for oral hearing	
1003 510 2003 255 Plant filing fee 1004 740 2004 370 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1004 740 2004 370 Reissde illing fee	1452	110	2452	55	Petition to revive – unavoidable	
1000 100 pool of 1 total and 100	1453	1,280	2453	640	Petition to revive – unintentional	
SUBTOTAL (1) (\$)	1501	1,280	2501	640	Utility issue fee (or reissue)	
2 EVEDA CLAIM EFEC FOR HEILITV AND DEICCHE	1502	460	2502	230	Design issue fee	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1503	620	2503	310	Plant issue fee	
Fees from	1460	130	1460	130	Petitions to the Commissioner	
Total Claims below Fee Paid Total Claims -** = X = =	1807	50	1807	50	Petitions related to provisional applications	
Independent = X =	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent =	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Large Entity Small Entity Fee Fee Fee	1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Fee Fee Fee Fee Description 1202 18 2202 9 Claims in excess of 20	1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1201 84 2201 42 Independent claims in excess of 3	1801	740	2801	370	Request for Continued Examination	
1203 280 2203 140 Multiple dependent claim, if not paid			l		(RCE)	
1204 84 2204 42 ** Reissue independent claims over original patent	1802	900 1802 900 Request for expedited examination of a design application				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)920					
SUBMITTED BY					Complete (if applicable)	
Name (Print/Type) Peter Seperark Registration No. (Attorn	ey/Agent)	47,	932		Telephone 415-576-0200	
1 1/ 1/10 // 1/10						

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